

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014253

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 486

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in lb

20 years

c. FULL NAME OF (If NOT in hospital, give location)

Missouri Methodist Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY

OR

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Y.M.C.A.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

LOUIS

First

Middle

Last

MASSEARS

4. DATE

OF

DEATH

Month

Day

Year

April 27, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/12/1877

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

leather worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Massears

13b. MOTHER'S MAIDEN NAME

Caroline unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Heaton-Bowman Funeral Home

Pre-arranged records St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

Emphysema pulmonum

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertrophy of prostate gland

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 29, 1962 to April 27, 1962 and last saw him alive on April 27, 1962Death occurred at 6:50 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. Handler MD

22b. ADDRESS 311 Physician's & Surg. Bldg.

DATE SIGNED

4-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/28/1962

23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Heaton-Bowman, St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

May 1, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

CERTIFICATION

BY AFFIDAVIT OF

E. Handler, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 South St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.